

## CMFB FUNDS TRANSFER REQUEST FORM

Interbank Transfer (NIP)  In-House Transfer  D D M M Y Y Y Y

### SENDER'S DETAILS:

Name:   
 Surname  First Name  Middle Name

Account Number:   
 Phone Number:  Email:

Amount in Figure:  BVN:   
 Amount in Words:

### BENEFICIARY'S DETAILS:

(1) Name:   
 Surname  First Name  Middle Name

Account Number:   
 Bank Name:  Sort Code:

Amount in Figure:

(2) Name:   
 Surname  First Name  Middle Name

Account Number:   
 Bank Name:  Sort Code:

Amount in Figure:

We confirm the above details are accurate and the bank is authorized to effect transfer.

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**Authorized Signature**

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**Authorized Signature**

### FOR BANK USE ONLY

#### Input Staff in Charge

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**SV Stamp**

**Charges ₦**

#### Verify/Authorized by (BOM)

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_